



Former Allerdale Area Taxi Licensing Team
Allerdale House
Workington
Cumbria
CA14 3YJ
Telephone 0300 373 3730
cumberland.gov.uk

**Registered Medical Practitioner's Certificate – MED2
Associated with an application for a Hackney Carriage or Private Hire
Drivers Licence, within the Former Allerdale area**

Please ensure that you have read and understood the notes at the rear of this document before proceeding to complete this form with the medical applicant. You **must** be either the applicants registered GP or have full access to their medical records.

Applicant's details:

Full name:	
Address:	
Date of birth:	

Question	Answer
1. Is the applicant to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting, or any mental disorder or defect likely to affect his/her efficiency as a driver of a hackney carriage or private hire vehicle?	
2. Does he/she suffer from any heart or lung disorder or defect which might interfere with the efficient performance of his/her duties as a hackney carriage or private hire driver?	

<p>3. Are the blood pressure readings – both Systolic and Diastolic – normal, having regard to the applicant’s age? If not, do you consider that the abnormal blood pressure would be likely to affect his or her competence as a hackney carriage or private hire vehicle driver?</p>	
<p>4. a) Is there any defect of vision? If so, please give details (see note 2)</p> <p>b) If the reply to (a) is in the affirmative, give acuity of vision by Snellens Test Type with and without glasses and please answer the following:</p>	<p>a)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>b)</p> <p>Without glasses: Left eye: Right eye:</p> <p>With glasses (if applicable): Left eye: Right eye:</p>
<p>c) Was the test conducted with the applicant’s own glasses?</p>	
<p>d) Have suitable glasses been prescribed?</p>	
<p>e) Do you consider that the applicant should wear glasses when driving?</p>	
<p>f) Is the applicant’s field of vision by hand test satisfactory?</p>	
<p>g) Is the colour vision normal?</p>	
<p>h) Does the applicant suffer from a squint or any other visual defect which could affect his fitness to drive a motor vehicle?</p>	
<p>i) Could any visual defect observed be sufficiently corrected to make the applicant fit to drive a motor vehicle?</p>	

<p>5. Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a hackney carriage or private hire driver?</p>	
<p>6. Has the applicant any deformity or loss of limbs? If so, could it interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver? (see note 3)</p>	
<p>7. Is the applicant sufficiently active for the performance of his/her duties?</p>	
<p>8. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?</p>	
<p>9. Does the applicant have a medical condition, such as severe asthma, which is aggravated by contact with dogs, or alternatively is the applicant allergic or have a chronic phobia of dogs?</p>	
<p>10. Is the applicant in your opinion, generally fit as regards both a) Bodily health b) Temperament for the duties of a hackney carriage or private hire driver?</p>	
<p>11. Is there any abnormality present that is not included in the previous questions?</p>	

<p>12. Do you consider a further examination necessary? If so, in what period of time? See note 4.</p>	
------------------------------------------------------------------------------------------------------------	--

I certify that I have this day examined: _____

I certify that I (**delete as appropriate**)

- **Am the applicants registered G.P. and/or**
- **Have access to the applicant's full medical records**

I certify that the answers to the foregoing questions are correct to the best of my knowledge and belief and that I consider the application to be **FIT / UNFIT (Delete as appropriate)** to act as the driver of a hackney carriage or private hire vehicle.

Signature of Qualified and Registered Medical Practitioner:	
Registered number:	
Practitioner name, address or surgery stamp:	
Date:	

NOTES

1. The certificate is for the confidential use of the Licensing Authority and medical practitioners are asked to be good enough to forward it under cover to the address shown. Any fee charged is payable directly by the applicant to the medical practitioner.
2. The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye, 6/36 with the other eye, with or without optical aid.
3. Special attention is directed to the condition of the arms, hands, legs and feet and particularly to the joints of the upper and lower extremities.
4. (a) A licence holder aged 46 years and over is required to be medically examined every three years.
(b) A licence holder aged 65 years and over is required to be medically examined annually.
5. The medical standard currently applicable to applicants is Group 1.
6. Medicals must be carried out by a registered medical practitioner who is the applicant's own GP or one who has access to the applicant's medical records. Documentation must be provided by the applicant to the medical practitioner verifying the applicant's identity
7. Medical forms submitted with applications for new licences must not be older than 28 days old at date of application.

Return to: Former Allerdale Area Taxi Licensing Team, Cumberland Council, Allerdale House, New Bridge Street, Workington, CA14 3YJ or by email.